

Psychological Services

Definition: Services focused upon assessment of needs and counseling/therapy designed to address specific needs in areas such as cognitive and/or affective skills. These services include initial assessment for determining need for and appropriateness of psychological services, psychological testing and/or goal-oriented counseling/therapy focused on issues related to seriously inappropriate sexual behavior (e.g. those behaviors which could lead to criminal sexual misconduct).

Psychological Services are not to be confused with Behavior Support Services. The following is guidance to distinguish between the two services.

<u>Psychological Services</u>	<u>Behavior Support Services</u>
Initial assessment for determining need for and appropriateness of psychological services	Initial assessment for determining need for and appropriateness of behavior support services
Psychological testing	Behavioral assessment (i.e., functional assessment and/or functional analysis of problem behavior) that includes direct observation, interview of key persons, collection of objective data
Goal-oriented counseling on issues which affect his/her ability to live as independently and productively as feasible	Analysis of behavioral/functional assessment data to determine the function of the behavior(s) (and later to assess success of intervention and any needed modifications)
Goal-oriented counseling/therapy on issues related to seriously inappropriate sexual behavior (e.g., those behaviors which could lead to criminal sexual misconduct)	Behavioral intervention based on the functional assessment that is primarily focused on prevention of the problem behavior(s) based on their function

The qualifications for providers of these two services are different. Most providers are not qualified/approved to provide both services; so, one should check carefully to see what service(s) a particular provider is approved to provide.

Psychological Services and Behavior Support Services are quite different. It is possible for a participant to receive both services, if needed, without services being duplicated. The initial assessment that is included in both services is an appropriate first step if it is believed that such a service may be needed.

Service Limits: No more than sixteen (16) units of Behavior Support Services may be provided per day. The unit of service is thirty (30) minutes.

Providers: Psychological Services are provided by qualified professionals who are enrolled with SCDHHS to provide psychological services. SCDDSN must first approve the qualifications before the provider can enroll. Psychological Services providers must adhere to all SCDDSN Psychological Services Standards, as found at www.ddsn.sc.gov.

Arranging for and Authorizing Services: If it is felt that the participant may need psychological testing or may need to be assessed to determine the potential benefits of goal-oriented counseling, then the need for a psychological evaluation/assessment should be documented in the Support Plan. The participant/legal guardian should be offered a choice of provider. The offering of choice of provider must be clearly documented. Once the provider is chosen, the Service Coordinator should contact the chosen provider and inquire about the standard length for an evaluation/assessment (one unit equals 30 minutes of service). The needed units for assessment should be entered on the Waiver Tracking System (S42). Once approved, the assessment can be authorized using the Authorization for Psychological Services (MR/RD Form 9).

Upon completion of the assessment/evaluation, if goal-oriented counseling/therapy is recommended, the specific need should be documented in the Support Plan. Once the need is documented in the Support Plan, ongoing Psychological Services should be entered on the Waiver Tracking System (S24). Again, one unit equals 30 minutes of service. Once the service is approved, it can be authorized using the Authorization for Psychological Services (MR/RD Form 9).

For participants who receive Residential Habilitation funded through the MR/RD Waiver, Psychological Services must be billed to the Financial Manager. For all other participants, including those receiving MR/RD Waiver-funded Day Activity, Community Services, Career Preparation or Employment Services, the provider must bill SCDHHS for services rendered, and a prior authorization number is required on the authorization form.

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Psychological Services:

Assessment:

- Monitoring should be conducted with the participant/family and the service provider within two weeks of completion of a psychological assessment.
- Monitoring of the assessment must include review of the evaluation/assessment report and notes completed by the provider.

Some questions to consider during monitoring include:

- ❖ What are the recommendations from the evaluation/assessment?
- ❖ What problem areas were noted?
- ❖ If ongoing Psychological Services are recommended, how much and how often?
- ❖ What are the goals of the recommended therapy?
- ❖ How is the participant's functional level likely to improve with therapy?
- ❖ Do the recommendations from the evaluation address the initial concerns that justified the need for the evaluation?

Ongoing Behavior Support Services:

- Services should be monitored at least once during the first month of service.
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over with each new provider
- This service may be monitored during contact with the participant/family or with the service provider. It may also occur during review of progress notes completed by the provider.

Some questions to consider during monitoring include:

- ❖ Is the participant making significant progress toward the goals and objectives outlined in the assessment? If not, have the participant's goals and objectives been modified to reflect the need for current services?
- ❖ Are the goals and objectives consistent with the participant's overall life goals?
- ❖ Is the participant satisfied with the provider of services?
- ❖ Do services need to continue at the same level?
- ❖ What is the expected duration of services?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

AUTHORIZATION FOR PSYCHOLOGICAL SERVICES (H0046)

☐ **BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES** (include Prior Authorization # below)

☐ **BILL TO FINANCIAL MANAGER:** _____

TO: _____

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Prior Authorization # _____

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for these services.

☐ Psychological Assessment

Start Date: _____

Authorized Total: _____ units (1 unit = 30 minutes)

☐ Psychological Services (counseling/therapy)

Start Date: _____

Authorized Total: _____ units (1 unit = 30 minutes)

Frequency: _____

****NO MORE THAN 16 UNITS (8 HOURS) PER DAY MAY BE AUTHORIZED****

Service Coordination Provider: _____ **Service Coordinator Name:** _____

Address: _____

Phone # _____

Signature of Person Authorizing Services

Date